

Out of Hours

Meditation as medication:

are attitudes changing?

Until recently, the consensus-backed medical operationalisation of meditation was an unlikely prospect. However, 72% of GPs in the UK now believe that patients can derive health benefits by practising meditation.¹ Furthermore, two-thirds of GPs are willing to support a public campaign to promote the health benefits of meditation.¹ Secularised Buddhist-derived meditation interventions (BDMIs) were first introduced into the medical setting in the 1970s,² and scientific interest has significantly increased since that time. In 2012, approximately 500 scientific papers concerning a form of meditation known as 'mindfulness' were published.³ This was more than the entire number of papers concerning mindfulness published between 1970 and 2000.

In recent years, BDMIs have been shown to be effective treatments for a broad range of medical illnesses including, for example, mood disorders, schizophrenia, chronic pain, cancer, and HIV (via the buffering of CD4+ lymphocyte declines).^{2,3} As already indicated, the most popular meditation variant is mindfulness that (in the form of mindfulness-based cognitive therapy)⁴ is now advocated by both the National Institute for Health and Care Excellence and the American Psychiatry Association for the treatment of specific forms of depression.

A primary treatment mechanism of these techniques involves the regulation of psychological and autonomic arousal by increasing perceptual distance from somatic pain and maladaptive thoughts and emotions. A 'meditative anchor', such as observing the breath, is typically used to aid concentration and to help maintain an open-awareness of present moment sensory and cognitive-affective experience.

The ongoing medical deployment of BDMIs has been heavily influenced by lifestyle-driven changes in service-user attitudes and needs. For example, over 80% of British adults believe that contemporary pressured lifestyles cause stress and/or illness and that their health can be improved by slowing down and learning to

live in the present moment.¹ Over 50% of British adults are interested in attending meditation classes to help them do this.¹

It is not only service users who are becoming increasingly interested in practicing meditation, but also medical professionals. Indeed, approximately two-thirds of GPs believe that meditation can help them personally.¹ This is consistent with findings from a growing number of empirical studies involving medical professionals where, for example, BDMIs have been shown to improve burnout and patient-focused empathy in primary care physicians.⁵

It appears that the medical operationalisation of meditation is becoming gradually more acceptable. However, what remains to be seen is whether the necessary infrastructure and clinician competencies can be developed to improve service-user access and the wider credibility of BDMIs.

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